Kaiser Permanente's Response to the DPP

Joe V. Selby, MD MPH
Division of Research
Kaiser Permanente, Northern California

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Other Likely Health Plan Repondents

- American Association of Health Plans
  - Represents majority of US managed care plans
  - Coordinates research with CDC
  - Sponsors initiatives in many chronic illnesses
  - Promotes clinical trial participation among its member plans

Other Likely Health Plan Respondents

- The HMO Research Network
  - Research centers from 14 large health plans
  - More than 20 million enrollees
  - More than $30 million in NIH, CDC, AHRQ research funds

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Kaiser Permanente

- America's oldest and largest private, non-profit, integrated health care delivery and financing system - founded in 1945
- Exclusive partnership between a health plan and multi-specialty group practice organizations
- 9 separately incorporated Permanente Medical Groups, operating in 10 states and Washington, D.C.
- 8.2 million members, 90,000 employees, and 11,000 physicians

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- **A Program (national) office responsible for :**
  - ***supporting development of evidence-based, population disease management across the entire KP program***
  - ***identifying and disseminating best practices***
  - ***measurement and demonstration of improving outcomes***

9 Current CMI Priority Areas

- Asthma
- CAD (Secondary Prevention)
- Cancer (adjunctive therapies)
- Chronic Pain
- Depression
- Diabetes
- Elder Care (including Dementia and Palliative Care)
- Heart Failure
- Self-Care and Shared Decision-Making

Population Disease Management

- ✓ Identify the affected population
- ✓ Develop evidence-based treatment guidelines
- ✓ Support clinicians in implementation
  - ✓ identify and share best practices
  - ✓ build information systems, decision support
  - ✓ integrate specialized support staff
  - ✓ Monitor treatment / outcomes, feedback to providers
- ✓ Risk stratify population and tailor intensity of treatment to level of risk

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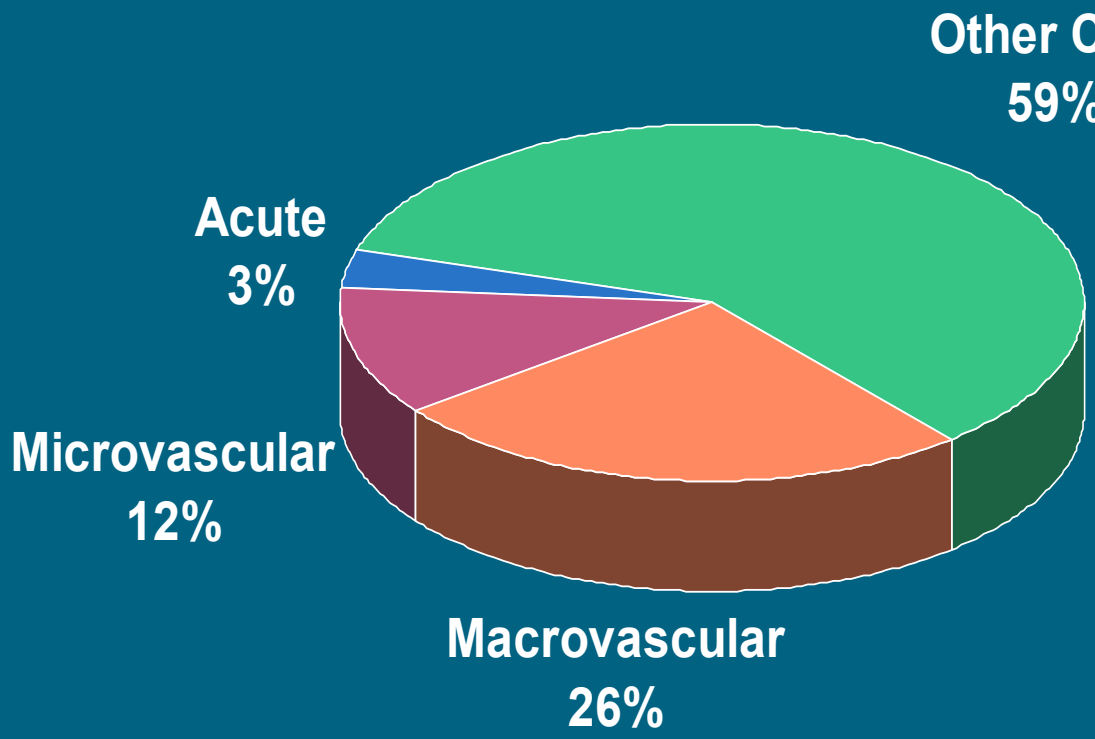
Excess Costs of Care for Diabetic Members, 1994

85,209 members, by complication



Total Excess: $282.7 million

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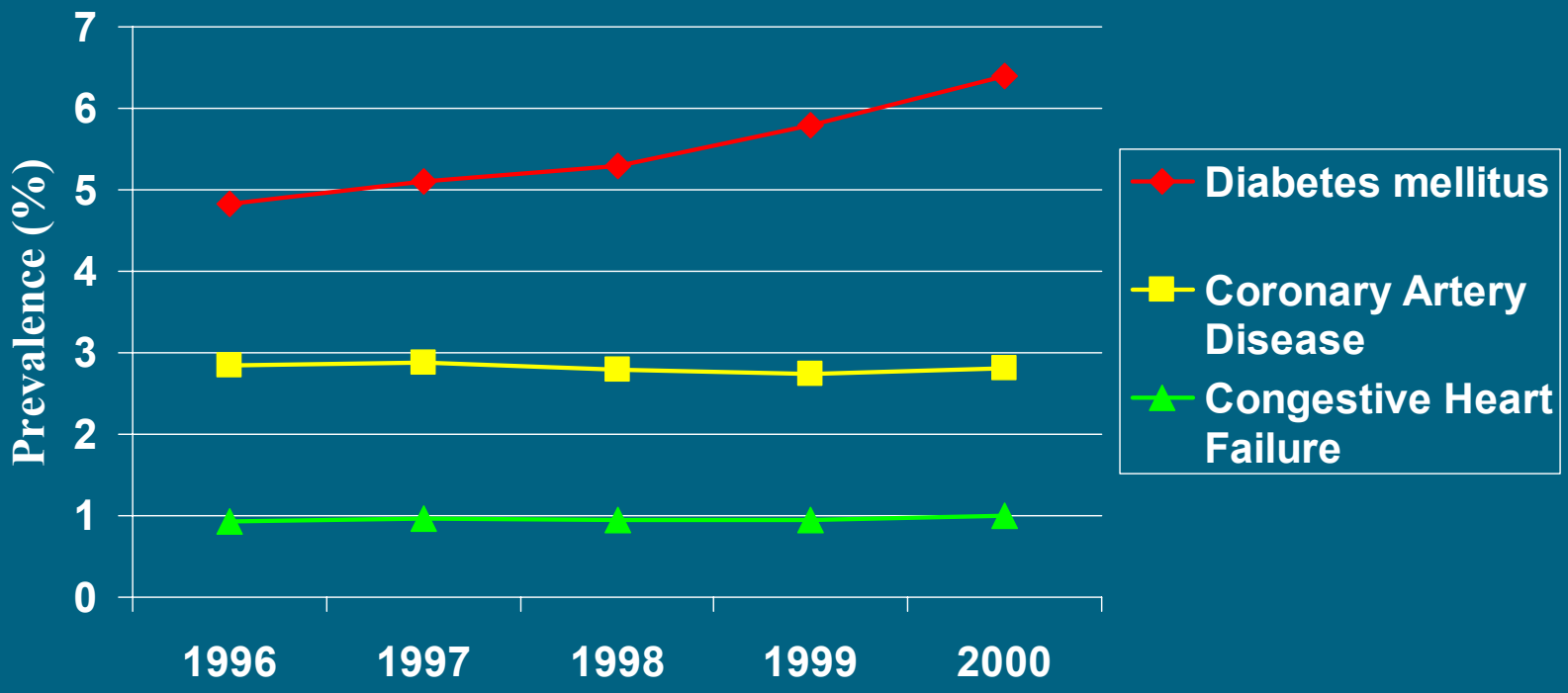
Age-adjusted Prevalence of Diabetes Mellitus, Coronary Artery Disease, and Congestive Heart Failure, KP Members Age 20+, 1996-2000



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Number of Diabetic Members End of 2001, KP Nor. Cal.

Age	New in 2001	Total
0-9	28%	262
10-18	20%	1089
19-44	26%	21104
45-64	18%	75373
65+	15%	64767
Total	28,836 (18%)	**162,595**

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Approximately 50 bariatric surgeries per week throughout the KP program nationally

Input received at recent inter-regional conference of KP Bariatricians:

Short Term Themes

- Develop strategies for prevention of obesity
- Develop metrics: how can we quantify the burden and effectiveness of treatment?
- Provide clinical tools and education
- Optimize and standardize program components
- Develop evidence-based risk stratification approaches

Input received at recent inter-regional conference of KP Bariatricians:

Long Term Themes

- Establish the management of overweight and obesity as an organizational priority
- Promote prevention/healthy life styles
- Include the member voice
- Ensure enhanced skills of staff and clinicians

Inter-regional Obesity Meeting, Portland, OR 12/6/01

KP's Weight Management Initiative

- Begins with convening the National Advisory Group on Overweight & Obesity
  - Composition: academia, government (CDC, ODPHP, CMS, NIDDK (unofficial)) and all KP regions
  - Aim: to gain a broad understanding of current knowledge regarding:
    - primary prevention of obesity
    - medical management of obesity
    - surgical treatment in morbid obesity
  - Format: series of three conference calls with national experts and KP providers

KP's Weight Management Initiative

- Continue Work by Establishing KP Clinical Network:
  - Composition: KP clinicians, quality improvement, research staff from all regions, led and supported by CMI
  - Aims:
    - assessing current activities - "best practices"
    - introducing measurement
    - revising clinical guidelines
    - focusing on implementation

Probable Strategies

- Primary prevention and self-management of weight:
  - Changing culture among KP employees
  - Developing partnerships with schools, employers
  - Collaborations with other health insurance plans and care delivery systems
  - Partnerships with government on research, demonstration projects

Probable Strategies

- Population approach to treatment/ management of obesity:
  - revise & disseminate clinical guidelines
  - support clinicians with training in brief, effective interventions (e.g. smoking cess.)
  - collect and monitor BMI as vital sign
  - risk stratify overweight population, directing more intensive efforts toward those at higher risk (e.g., HT, ↓ HDL-C, IGT, GDM)
  - standardize weight management services across KP toward most effective programs

Probable Strategies

- Measurement:
  - "BMI as a vital sign"
  - Use of medication for weight mgmt/ diabetes prevention
  - Use and outcomes of bariatric surgery

Attention to Disparities

- Membership nationally is approximately 40% racial/ethnic "minority" populations
- KP has substantial history of research into racial/ethnic health care disparities
- KP has a national office on cultural competence, active training programs for clinicians, and several specific programs providing culturally sensitive care through bi-cultural, bi-lingual clinics and services

Strategies for Ongoing Improvement

- Rapid dissemination of new findings
- Ongoing conduct of effectiveness research
  - internally funded RFA's
  - externally funded projects

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